in the perineum, through which a portion of the urine passed, and a hard and very contracted stricture of the urethra. The treatment of this was long essayed with fine elastic bougies in vain; at length one was passed, but the patient absented himself, yet was soon obliged again to submit to treatment. M. Mitscherlich was successful in passing a fine horsehair, and over this perforated sounds of successively larger size, till at length a perfect cure was effected.—*Practitioner*, November, 1870, from *Gaz. Hebdom.*, 1870.

52. *Torsion of Arteries as a Hæmostatic Method.*—Mr. J. D. HILL records (*Lancet*, Nov. 5, 1870) his experience with torsion as a hæmostatic method. He says he has "already practised torsion of arteries in upwards of seventy surgical operations, and without one instance of hemorrhage, secondary or recurrent. The process of healing for the most part has been satisfactory, in some cases complete primary union having occurred where such would have been impossible in the case of the ligature; in others deep-seated adhesion with granulation of the more superficial structures; and, if I may judge from present experience, torsion seems adapted to every kind of operation, whether great or small. As compared with the ligature, its application is more simple and rapid; and should failure occur, it does so on the operating-table. On one occasion only this happened to me.[1] After twisting some atheromatous tibial arteries, one of these arteries gave way just above the twist, and the ordinary ligature was also followed by a like result. Ultimately, however, I secured the degenerated artery (on the principle of acupressure) within a collar of muscular fibres, exerting sufficient compression to arrest the current of blood without breaking the internal tunics.

In the post-mortem examination of arteries which had been submitted to torsion during life, I have discovered no twisting of the internal membrane, as pointed out by Mr. Costello; but simply that incurvation or invagination of the middle and internal coats, so well described by Mr. Bryant's drawings in the 51st volume of the *Medico-Chirurgical Transactions*."

53. *Perineal Lithotrity.*—M. DOLBEAU advocates this as the best mode of removing stone from the bladder, and submits the following facts as proof that the proceeding is entitled to be placed among the recognized operations in surgery. In 1863 he performed his operation for the first time, and the patient rapidly recovered, and was alive and well last August. Since 1863 he has performed the operation on twenty-two patients with but one death. The fatal issue in the single case, the last of the series, may be fairly attributed to other causes than the consequences of the operation, for the patient died, on the fifteenth day after the operation, in an attack of insanity, during which he attempted to hang himself. This case afforded the opportunity of an examination of the parts involved in the operation, and of their exhibition to the Imperial Society of Surgery in Paris.

The steps of M. Dolbeau's operations are:—

1. An incision carried from the border of the anus forwards directly in the middle line, two centimetres (¾ inch) in extent, dividing the skin and subcutaneous tissue.
2. A puncture in the posterior angle of the wound, made to strike a staff in the urethra.
3. Gradual dilatation of the track of the puncture.
4. Dilatation of the neck of the bladder to the entire extent possible with the dilator; that is to say, less than two centimetres in diameter.
5. The crushing of the stone and extraction of numerous fragments.

The dilator used by M. Dolbeau is composed of six blades of steel, which, when closed, form a pointed tube, resembling a porte-crayon; these blades can be separated parallel to each other by a motion of the handle, until the tube measures, at the maximum dilatation, nine-tenths of an inch in diameter. The number of blades of the dilator has the effect of enabling it to exercise a circular dilatation perfectly regular in character, and this is strictly confined to the limits of dilatability of the neck of the bladder. The mode of reaching the bladder in this proceeding is the same as in Allerton's operation, except that a mechanical contrivance is substituted for the finger of the operator in dilating the neck of the bladder, a mode of proceeding which M. Dolbeau considers to be too sudden, and liable to the accident of false passage.

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[1] Since writing the above I had occasion to ligature the femoral artery at an amputation of the thigh. Phlebitis (femoral), and probably arteritis, had deprived that vessel of its elasticity, rendering it brittle; all other vessels were twisted.

The specimen submitted to the Imperial Society by M. Dolbeau showed the parts taken from a patient 67 years of age, who had been operated on fifteen days before death. The bladder was found full of urine, its neck absolutely intact, and the mucous membrane healthy.

M. Dolbeau sums up his communication with the following proposition, deducted from the examination of the pathological specimen :—

1. That it is possible to open a direct passage from the anus to the bladder without damage either to the bulb, the rectum, the neck of the bladder, or the vessels of the region.

2. That it is possible to introduce into the bladder instruments destined to crush a stone and to extract the fragments, without rupturing the neck of the bladder, or without destroying the power of retention of urine.

It is to be regretted that M. Dolbeau's communication does not contain the details of the twenty-one successful cases, especially as regards the size of the stones removed and the ages of the patients.—*Dublin Quart. Journal of Med. Science*, August, 1870, from *Gazette des Hôpitaux*, No. 26, January, 1870.

54. *Fracture of Anterior Spinous Process of Ilium by Muscular Contraction.*—Drs. S. Joy and J. W. McWhinnie report (*Canada Med. Journal*, Sept. 1870) a remarkable case of this in a very muscular youth, æt. 17, who in a foot-race, in turning, at a given point, felt something snap in his right hip, walked a few steps and fell. " On examination distinct motion and crepitus could be felt by pressure over the process, also by placing the thumb over the origin of the Sartorius and rotating the thigh. The fracture extended into the notch below, but there was no great tendency to displacement, save when the leg was abducted, thus placing the Sartorius upon the stretch, the process, doubtless, being partially kept in place by the fibres of the tensor vaginæ femoris arising from this process on the one hand, and Poupart's ligament on the other, when tension was taken off the Sartorius. The patient was placed in bed with the thigh flexed and the shoulders raised, a bandage being applied to aid in steadying the fracture. It may be as well to state that this position and adduction of the right leg was maintained by bands attached to the posts of the bed. In two weeks the patient made a good recovery without displacement.

55. *Skin-grafting.*—Mr. Pollock read particulars and exhibited to the Clinical Society of London (Nov. 11, 1870), several cases of skin-grafting and skin-transplantation. In relating the particulars of the first case in which the skin-grafting had been attempted in this country, he stated that in 1869 M. Reverdin originated in Paris this method of treating large ulcerated surfaces. In May, 1870, the author first heard of M. Reverdin's experiments, and at once decided to test the treatment. A girl, eight years of age, had been in St. George's Hospital for some three months and a half, with an extensive open burn of the right thigh, of more than two years' duration. The ulcerated surface extended from the buttock to the knee—broad above, and ending almost in a point below. Mr. Pollock at first transplanted two small pieces of skin about the size of millet seeds, taken from the lower part of the abdomen. Subsequently three, and again other pieces, were transplanted at various periods—in all, about fourteen pieces had been transplanted. The child was exhibited to the members of the Society, and it was seen that this extensive burn was nearly healed, in a period little over five months, without any perceptible contraction of the cicatricial tissue originated by the transplanted skin. The child had greatly improved in health as the progress of cicatrization had advanced. In this case two pieces of black skin had been on one occasion transplanted to the ulcerated surface,